

Hardiness and Social Support as Predictors of Parenting Self-Efficacy Among Mothers of Children with Special Needs

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Abstract

Caring for children with special needs involves complex and ongoing demands that can influence mothers' confidence in carrying out their parenting role. Hardiness is an internal psychological resource that can help mothers adapt to various parenting challenges, while social support provides external resources that can strengthen mothers' confidence in carrying out parenting responsibilities. This study aims to examine hardiness and social support as predictors of parenting self-efficacy in mothers of children with special needs. The study used a quantitative approach with a survey design involving 200 mothers in the Special Region of Yogyakarta who were selected using an accidental sampling technique. Data were collected using the Parenting Sense of Competence Scale (PSOC), the Dispositional Resilience Scale-15 (DRS-15), and the Multidimensional Scale of Perceived Social Support (MSPSS), which generally demonstrated acceptable psychometric properties, although the commitment dimension of the DRS-15 showed comparatively lower reliability. Data analysis was performed using multiple linear regression. The results showed that hardiness was a positive and significant predictor of parenting self-efficacy. Social support was also shown to be a positive and significant predictor of parenting self-efficacy. Simultaneously, hardiness and social support significantly predicted parenting self-efficacy and explained 25.8% of the variance, with hardiness demonstrating a greater relative contribution. These findings underscore the importance of strengthening personal psychological resources and a supportive social environment in enhancing mothers' confidence in facing the demands of caring for children with special needs.

Keywords: Hardiness, Social Support, Parenting Self-Efficacy, Mothers, Children with Special Needs

Abstrak

Pengasuhan anak berkebutuhan khusus melibatkan tuntutan yang kompleks dan berkelanjutan yang dapat memengaruhi keyakinan ibu dalam menjalankan peran pengasuhan. Hardiness merupakan sumber daya psikologis internal yang dapat membantu ibu beradaptasi terhadap berbagai tantangan pengasuhan, sedangkan dukungan sosial menyediakan sumber daya eksternal yang dapat memperkuat keyakinan ibu dalam menjalankan tanggung jawab pengasuhan. Penelitian ini bertujuan untuk menguji hardiness dan dukungan sosial sebagai prediktor parenting self-efficacy pada ibu yang memiliki anak berkebutuhan khusus. Penelitian menggunakan pendekatan kuantitatif dengan desain survei yang melibatkan 200 ibu di Daerah Istimewa Yogyakarta yang dipilih menggunakan teknik accidental sampling.

Data dikumpulkan menggunakan Parenting Sense of Competence Scale (PSOC), Dispositional Resilience Scale-15 (DRS-15), dan Multidimensional Scale of Perceived Social Support (MSPSS), yang secara umum menunjukkan properti psikometrik yang dapat diterima, meskipun dimensi commitment pada DRS-15 menunjukkan reliabilitas yang relatif lebih rendah. Analisis data dilakukan menggunakan regresi linear berganda. Hasil penelitian menunjukkan bahwa hardiness merupakan prediktor positif dan signifikan terhadap parenting self-efficacy. Dukungan sosial juga terbukti sebagai prediktor positif dan signifikan terhadap parenting self-efficacy. Secara simultan, hardiness dan dukungan sosial secara signifikan memprediksi parenting self-efficacy dan mampu menjelaskan 25,8% variasinya, dengan hardiness menunjukkan kontribusi relatif yang lebih besar. Temuan ini menegaskan pentingnya penguatan sumber daya psikologis personal dan lingkungan sosial yang suportif untuk meningkatkan keyakinan ibu dalam menghadapi tuntutan pengasuhan anak berkebutuhan khusus.

Kata Kunci: Hardiness, Dukungan Sosial, Parenting Self-Efficacy, Ibu, Anak Berkebutuhan Khusus

Introduction

The presence of a child is a long-awaited and very happy moment for a married couple (Sari, 2013). The presence of a child teaches a mother the meaning of parental responsibility. Having a perfect child is every parent's hope (Maysa & Khairiyah, 2019). In reality, there are quite a few parents who have to accept the fact that children born with disabilities make it difficult for parents to have children with special needs due to the difficulty of adjusting to many things related to the development of children with special needs as well as parents' ignorance about parenting that can be done to optimize the child's development (Nida, 2021). According to data from the Central Statistics Agency (BPS) in 2024, more than 17.8 million Indonesians were recorded as having special needs. Children with special needs are defined as those with physical, mental, or behavioral disabilities who require intensive care based on the type of disability they experience (Nurhastuti et al., 2021). The limitations of children with special needs can be seen physically and mentally, therefore therapy is necessary. One example is speech therapy for children with intellectual disabilities, Down syndrome, autism, and others. Various forms of therapy are needed for intensive support to compensate for the child's delays (Amin & Rahardjo, 2023).

In relation to parents who have children with special needs, they must care for and raise them in a more special way and require greater energy and attention (Mangunsong, 2011). Parents with children with special needs experience higher levels of stress during parenting and affective symptoms compared to parents with children in general (Termizal & Aviani, 2025). This situation presents unique challenges for parents, especially mothers, who often act as primary caregivers, bearing significant responsibility for caring for and supporting children with special needs. Data from Palestine shows that 76.9% of mothers are primary caregivers for children with disabilities, indicating the dominant role of mothers in the parenting process for children with special needs (Zahaika et al., 2021). A mother who has a child with special needs will generally face difficulties, such as confusion regarding the child's development, the mother also finds it difficult to find information about her child's condition, and feels depressed and ashamed of her child's condition due to the stigma from the surrounding environment and lack of support (Ali et al., 2020). Mothers who do not receive enough information support from relevant agencies and social support from those closest to them will feel stressed, and impacts the mother's mental health and child development (Dunst et al., 2007). Besides social support, another cause of stress in

mothers with children with disabilities is problematic child behavior, and low parenting self-efficacy possessed by mothers (Jackson & Huang, 2000; Seigny & Loutzenhiser, 2010).

Parenting self-efficacy is parents' self-confidence in their ability to raise children, thus directing them to parenting styles that are appropriate to the child's characteristics (Fang et al., 2021). Parenting self-efficacy comes from social cognitive theory, namely self-efficacy (Bandura, 1997; Seetharaman et al., 2022). Self-efficacy is a person's view of their ability to manage and take action to achieve success (Warner & Schwarzer, 2024). This influences individuals in decision making, the level of motivation to complete the task, and the level of struggle we show when facing difficulties (Randez & Hélie, 2024). Parenting self-efficacy helps parents to understand objective (competence) and subjective (satisfaction) responses in childcare, preventing and correcting incorrect childcare patterns (Coleman & Karraker, 1998). According to Wagner & Morse (1975) Parenting self-efficacy has several dimensions, including: (1) Competence, which includes how individuals express their general feelings about their ability to raise children, (2) Knowledge/ability to solve problems, which includes the individual's ability to understand and solve problems faced in raising children, (3) Influence, which includes the individual's predisposition to internal and external control over their ability to raise children, (4) Self-confidence, which includes the individual's trust and belief in their ability to raise children.

High maternal parenting self-efficacy is closely related to the parents' capacity to provide an adaptive childcare environment, stimulating and encouraging child development (Fitriyah & Rachmahana, 2020). On the other hand, low maternal parenting self-efficacy correlates with maternal emotions such as feelings of depression and distress, actual behavioral problems in children, perceptions of the difficulties faced, passive coping styles in dealing with problems, and high stress levels (Coleman & Karraker, 2003). Parenting self-efficacy is very important for mothers with children with special needs because it can function as a protective factor for a mother in facing parenting, in order to maintain and improve the quality of parenting despite facing various challenges in parenting (Deniz et al., 2026). Previous studies on parenting self-efficacy in groups of mothers with children with disabilities have shown inconsistent results. Research by Larasati et al. (2021) showed that 85% of mothers with children aged 5-12 years with ASD had high levels of parenting self-efficacy. This indicates that most mothers have positive parenting behaviors, with an adaptive, stimulating, and supportive environment. However, the discipline dimension had the lowest average score among the four dimensions, meaning that most mothers felt less confident in their ability to set rules and discipline their children (Parmar & Nathans, 2022). Meanwhile, research by Mardhotillah & Desiningrum (2020) stated that the majority of parenting self-efficacy levels were low, and this influenced parents' perceptions of their deaf children's social competence. This finding suggests that parents' low confidence in their parenting abilities may be associated with negative views of their children's social development.

This is supported by the results of a study conducted by researchers on 22 mothers of children with special needs in the city of Yogyakarta. The data obtained a picture of varying levels of parenting self-efficacy. The categorization results showed that the majority of respondents were in the moderate to low category. This finding suggests that some mothers with children with special needs still have less than optimal parenting self-efficacy in carrying out their parenting role. This condition indicates that mothers with children with special needs have the potential to experience doubts about their parenting abilities, which can impact parenting patterns, involvement, and the quality of interactions with their

children. Therefore, the results of this pre-study reinforce the urgency of examining predictive factors that can improve parenting self-efficacy.

There are several internal and external factors that influence parenting self-efficacy, including parents' childhood experiences, culture, parents' experiences with children and children's characteristics (Trihastuti et al., 2023), hardiness (Desiningrum & Kurniawati, 2023), social support (Li et al., 2022), gender, fatigue, stress, stigma, and parental involvement (Gessulat et al., 2023). Parenting self-efficacy is related to the parent's own condition, one of which is personality characteristics. One personality characteristic relevant to dealing with parenting stress is hardiness. Hardiness is a constellation of personality characteristics that makes an individual stronger, more resilient, stable, and optimistic in the face of stress and is able to mitigate the negative impact of the pressures faced (Kobasa et al., 1982). The concept of hardiness was later developed by Maddi, who explained that hardiness consists of three main components, namely commitment, control, and challenge, which play a role in helping individuals face stressful situations (Maddi, 2013).

A hardiness personality makes individuals better able to manage stress and view challenging experiences as part of a meaningful learning process (Lee & Jeon, 2022). A mother who is able to turn the stress and pressure of parenting into a meaningful experience shows good resilience (Santana & Istiana, 2019). However, in reality, not all mothers who have children with special needs are able to demonstrate optimal levels of hardiness, considering the high demands of parenting, the diverse needs of children, and the emotional stress experienced by mothers, which has the potential to drain psychological resources, thus giving rise to differences in the level of hardiness in each individual (Rachmahana, 2022).

Based on research conducted by Nemati et al. (2024), it was shown that mothers who have children with special needs have low hardiness in the form of difficulty giving meaning to the caregiving experience, making it difficult to accept the child's condition. Research by Maysa & Khairiyah (2019) showed low hardiness results in the form of difficulty controlling themselves when feeling tired and stressed, feeling helpless and hopeless, and considering the presence of the child to be a burden or a threat. Several studies above show that mothers who have children with special needs can experience low hardiness, resulting in difficulty in dealing with various problems and decreased self-confidence in carrying out their role as parents (Hassan et al., 2021). On the other hand, mothers with high levels of hardiness are better able to cope with the stress of parenting. This is supported by research conducted by Olianda & Rizal (2020) shows that the higher the hardiness of the mother, the lower the level of parenting stress experienced. In addition, research Prasetyo (2024) also shows that hardiness has a significant influence on parenting self-efficacy of 26.6%.

There are other factors besides hardiness that can influence parenting self-efficacy in this study, namely social support. Suzuki et al. (2009) explains that mothers who hear supportive statements from friends and family can feel that their efforts in parenting are appreciated by others. This feeling of appreciation can provide validation that parenting efforts are being carried out appropriately, thereby increasing the mother's confidence in her parenting. This is reinforced by the statement Iskayanti & Hartini (2019) that social support can shape parenting self-efficacy. Social support is defined as an exchange of resources between at least two individuals that is perceived by one party to be aimed at helping (Zimet et al., 1988). Social support is seen as the provision of physical, emotional,

informational, and instrumental assistance that is considered beneficial and as part of a person's social network (Donenberg & Baker, 1993). In the context of caring for children with special needs, Cutrona & Troutman (1986) stated that social support is one of the resources that has been proven effective in helping to increase mothers' parenting self-efficacy (Zheng & Gao, 2023).

Bandura (2007) explained that social support in the form of verbal persuasion and encouraging actions can have a positive influence on mothers' parenting self-efficacy. This finding is in line with research Febrianti & Hildayani (2024) which shows that social support plays a role in parenting self-efficacy, especially support from partners who emphasize the importance of parental cooperation in childcare. Moelyono & Sumargi (2025) also found a significant influence of social support on parenting self-efficacy with an effective contribution of 26.3%, where support from family, friends, and significant others contributed to increasing mothers' confidence in parenting. This is reinforced by Raikes & Thompson (2005) which states that a strong social support system can protect mothers' parenting self-efficacy from parenting stress.

Based on several previous studies, it is known that both hardiness and social support play a role in increasing parenting self-efficacy. Research by Prasetyo (2024) shows that hardiness has a significant effect on parenting self-efficacy in single mothers due to divorce, research Moelyono & Sumargi (2025) as well as Febrianti & Hildayani (2024) showed that social support contributes to parenting self-efficacy in working mothers with young children and mothers with children with autism. However, these studies differ in the research subjects, research location, parenting context, and analytical approach used. Furthermore, to the extent of the researchers' investigation, most studies still examine these variables separately. Therefore, research examining the combination of hardiness and social support variables simultaneously as predictors of parenting self-efficacy in mothers of children with special needs is still limited. Based on this, this study was conducted to examine the role of hardiness and social support simultaneously in predicting parenting self-efficacy in mothers with children with special needs in Yogyakarta City. This research is expected to enrich empirical studies related to parenting self-efficacy and provide information to parents, school teachers, and related communities regarding factors that can strengthen mothers' confidence in carrying out parenting duties.

Research Method

This study uses a quantitative approach with a survey research type to objectively measure and analyze the relationship between variables through numerical data. The population in this study were mothers who have children with special needs (ABK) aged 5–15 years, are fully responsible for child care, and reside in the Special Region of Yogyakarta. The exact population size is unknown because there is no data available showing the number of mothers who meet these characteristics. The sampling technique used was accidental sampling, namely selecting respondents who were encountered by chance and met the research criteria (Sugiyono, 2019). The minimum sample size was determined through an a priori power analysis using G*Power 3.1.9.7, with an effect size of $f^2 = 0.15$, $\alpha = 0.05$, power = 0.95, and two predictors. The analysis results indicated a minimum requirement of 107 respondents. During the data collection process, 200 respondents were obtained who met the research criteria and all were included in the analysis.

The instrument in this study used a psychological scale, namely the Parenting Sense of Competence Scale (PSOC) compiled by Gibaud-Wallston & Wandersman (1978), then

revised by Johnston & Mash (1989) with two dimensions, namely efficacy and satisfaction consisting of 7 items. The results of the construct validity test show that the model has a good fit, with $\chi^2(41) = 78.5$, $p < 0.001$, $\chi^2/df = 1.915$, SRMR = 0.062, RMSEA = 0.078, CFI = 0.992, and TLI = 0.988. and reliability *Cronbach's Alpha* with an alpha value of 0.819.

Hardiness was measured using the Dispositional Resilience Scale 15 (DRS-15) developed by Bartone (2007) which will then be adapted by researchers. Bartone (2007) explains that the DRS-15 is a brief hardiness scale developed from the Dispositional Resilience Scale (DRS) and is used to measure the hardiness construct with three dimensions, namely commitment, control, and challenge consisting of 15 items. Construct validity shows that the model has a fairly good fit, with $\chi^2(41) = 78.5$, $p < 0.001$, $\chi^2/df = 1.915$, RMSEA = 0.0676, CFI = 0.918, and TLI = 0.890. and the reliability of the DRS-15 is measured using composite reliability. The results show a value of 0.645 in the commitment dimension, 0.740 in control, and 0.757 in challenge. Although the commitment dimension showed comparatively lower composite reliability, it was retained to preserve the theoretical representation of hardiness within the original three-dimensional structure of the DRS-15. The lower reliability of this dimension indicates reduced measurement precision and should therefore be considered when interpreting the hardiness scores.

Perceived social support was assessed using the Multidimensional Scale of Perceived Social Support (MSPSS) developed by Zimet et al. (1988) with three dimensions, namely family support, friend support, and support from significant others. Construct validity shows that the model has a good fit, with $\chi^2(48) = 100$, $p < 0.001$, $\chi^2/df = 2.083$, RMSEA = 0.0738, CFI = 0.977, and TLI = 0.968. The reliability of the MSPSS was measured using composite reliability. The results showed a value of 0.902 for the family dimension, 0.869 for friends, and 0.965 for significant others.

Data analysis was conducted using IBM SPSS Statistics version 27. Descriptive analysis was used to describe the characteristics of parenting self-efficacy, hardiness, and social support scores through mean, standard deviation, minimum, and maximum scores, as well as hypothetical categorization into five categories: very low, low, medium, high, and very high. Prior to hypothesis testing, regression assumption tests were conducted, including normality, linearity, heteroscedasticity, and multicollinearity tests. Hypothesis testing was conducted using multiple linear regression analysis to examine hardiness and social support as predictors of parenting self-efficacy. The significance of the model was tested through the F test, the contribution of each predictor through the t test, while the coefficient of determination (R^2) was used to determine the amount of variation in parenting self-efficacy that could be explained by the two predictors, with a significance level of $p < 0.05$.

Results

Descriptive analysis was conducted to provide an overview of the parenting self-efficacy, hardiness, and social support scores of the study respondents. Descriptive statistics are presented based on hypothetical and empirical scores, including minimum, maximum, mean, and standard deviation values. The results of the descriptive analysis for each variable are presented in Table 1.

Table 1 Descriptive Statistics of Research Variables

Variables	Hypothetical				Empirical			
	Min	Max	Mean	SD	Min	Max	Mean	SD
Parenting Self-Efficacy	7	28	17.5	3.5	12	28	21.82	2.80
Hardiness	11	44	27.5	5.5	19	44	32.10	3.19
Social Support	12	48	30	6	16	48	36.34	5.32

Based on Table 1, the empirical mean of all variables is higher than the hypothetical mean. Parenting self-efficacy has an empirical mean of 21.82 compared to the hypothetical mean of 17.5, hardiness is 32.10 compared to 27.5, and social support is 36.34 compared to 30. These findings indicate that in general, respondents' parenting self-efficacy, hardiness, and social support scores are above the hypothetical average. Furthermore, the categorization results can be seen in Table 2.

Table 2 Categorization of Research Variables

Variables	Interval	Category	Frequency	Percentage
Parenting Self-Efficacy	$X \geq 23.8$	Very high	51	25.5%
	$19.6 \leq X < 23.8$	High	119	59.5%
	$15.4 \leq X < 19.6$	Moderate	29	14.5%
	$11.2 \leq X < 15.4$	Low	1	0.5%
	$X < 11.2$	Very Low	0	0.0%
Hardiness	$X \geq 37.4$	Very high	5	2.5%
	$30.8 \leq X < 37.4$	High	134	67.0%
	$24.2 \leq X < 30.8$	Moderate	59	29.5%
	$17.6 \leq X < 24.2$	Low	2	1.0%
	$X < 17.6$	Very Low	0	0.0%
Social Support	$X \geq 40.8$	Very high	38	19.0%
	$33.6 \leq X < 40.8$	High	121	60.5%
	$26.4 \leq X < 33.6$	Moderate	32	16.0%
	$19.2 \leq X < 26.4$	Low	7	3.5%
	$X < 19.2$	Very Low	2	1.0%

Based on Table 2, most respondents were in the high category for all three research variables. In parenting self-efficacy, 119 respondents (59.5%) were in the high category and 51 respondents (25.5%) were in the very high category. In hardiness, the majority of respondents were in the high category, namely 134 respondents (67.0%), followed by the medium category with 59 respondents (29.5%). Meanwhile, social support was also dominated by the high category with 121 respondents (60.5%) and the very high category with 38 respondents (19.0%). In general, these results indicate that the majority of respondents have relatively high levels of parenting self-efficacy, hardiness, and social support. Furthermore, the Prerequisite Test can be seen in Table 3.

Table 3 Results of the Analysis Assumption Test

Assumption Test	Variables	Value	Criteria	Conclusion
Normality (Kolmogorov-Smirnov Test)	Residual (Hardiness and Social Support*Parenting Self-Efficacy)	p = 0.091	p > 0.05	Normally distributed residuals
Multicollinearity	Hardiness	Tolerance = 0.785; VIF = 1.273	Tolerance > 0.10; VIF < 10	There is no multicollinearity
	Social Support	Tolerance = 0.785; VIF = 1.273	Tolerance > 0.10; VIF < 10	There is no multicollinearity
Heteroscedasticity	Hardiness	p = 0.244	p > 0.05	There is no heteroscedasticity
	Social Support	p = 0.997	p > 0.05	There is no heteroscedasticity

Based on Table 3, the results of the normality test indicate that the residuals of the regression model are normally distributed with a significance value of $p = 0.091$ ($p > 0.05$). The results of the multicollinearity test indicate that the hardiness and social support variables each have a tolerance value of 0.785 and a VIF of 1.273, respectively, so there is no multicollinearity. Furthermore, the results of the heteroscedasticity test show a significance value of $p = 0.244$ for hardiness and $p = 0.997$ for social support. Both values are greater than 0.05, so there is no heteroscedasticity in the regression model. Overall, the regression model has met the assumptions of normality, does not experience multicollinearity, and does not experience heteroscedasticity. Furthermore, the results of the Simultaneous Test (F Test) can be seen in Table 4.

Table 4 Simultaneous Test Results (F Test)

Model	Sum of Squares	df	Mean Square	F	p
Regression	401.551	2	200.776	34.275	< 0.001
Residual	1,153.969	197	5.858	-	-
Total	1,555.520	199	-	-	-

Based on Table 4, the results of the simultaneous test show that the regression model is significant, with a value of $F(2.197) = 34.275$ and $p < 0.001$. The regression Sum of Squares value is 401.551 with a Mean Square of 200.776, while the residual Sum of Squares is 1,153.969 with a Mean Square of 5.858. These results indicate that hardiness and social support simultaneously are significant predictors of parenting self-efficacy in mothers who have children with special needs. Furthermore, the t-test results can be seen in Table 5.

Table 5 T-Test Results

Variable	B	Std. Error	Beta	t	p
Constant	7.492	1.787	-	4.193	< 0.001
Hardiness	0.292	0.061	0.332	4.798	< 0.001
Social Support	0.137	0.036	0.260	3.756	< 0.001

Based on Table 5, the t-test results show that hardiness has a t-value of 4.798 with $p < 0.001$, so hardiness is a positive and significant predictor of parenting self-efficacy. Social support also has a t-value of 3.756 with $p < 0.001$, which indicates that social support is a positive and significant predictor of parenting self-efficacy. Thus, partially, hardiness and social support each play a significant role in predicting parenting self-efficacy in mothers

who have children with special needs. Furthermore, the coefficient of determination test can be seen in Table 6.

Table 6 Results of the Determination Coefficient Test

Model	R	R Square	Adjusted R Square	Standard Error of the Estimate
1	0.508	0.258	0.251	2.420

Based on Table 6, the R value is 0.508, $R^2 = 0.258$, and Adjusted $R^2 = 0.251$. The R^2 value of 0.258 indicates that hardiness and social support together can explain 25.8% of the variation in parenting self-efficacy, while the remaining 74.2% is explained by other factors outside the research model. Furthermore, the effective contribution of each variable can be seen in Table 7.

Table 7 Effective Contribution

Variables	Standardized Coefficients	Correlations	Effective Contribution (%)
	Beta	Zero-order	
Hardiness	0.332	0.453	15.04%
Social Support	0.260	0.414	10.76%

Based on Table 7, hardiness contributes 15.04% to parenting self-efficacy, while social support contributes 10.76%. Overall, both variables contribute 25.80%. This finding indicates that hardiness contributes more than social support in predicting parenting self-efficacy.

Discussion

The study results show that the majority of mothers with children with special needs have relatively high levels of parenting self-efficacy, hardiness, and social support. These findings illustrate that despite the complex demands of parenting, mothers can still develop confidence in their abilities to carry out their parenting roles. In the context of children with special needs, parenting self-efficacy is crucial because mothers need to address their children's diverse needs, adapt parenting styles, communicate with professionals, and continuously develop knowledge and skills to support their children's development (Trihastuti et al., 2023). Research on mothers raising children with disabilities also shows that parenting experience, motivation to improve competence, consultation with professionals, and environmental support are important parts of developing parenting self-efficacy (Laçin & Doğan, 2024; Sæther et al., 2023). Thus, a mother's beliefs in parenting do not stand alone, but develop through the experiences and resources she possesses and is available in her environment.

Further research shows that hardiness is a positive predictor of parenting self-efficacy. These findings suggest that mothers who are better able to endure and adapt when faced with parenting pressures tend to have stronger beliefs in their abilities as parents. Hardiness can help mothers not only persevere when faced with difficulties but also continue to find appropriate ways to meet their children's needs. In mothers of children with intellectual disabilities, previous research has also found a positive relationship between hardiness and parenting self-efficacy. This suggests that the ability to cope with difficult situations is a psychological resource that supports mothers' confidence in their parenting competence (Salsabila et al., 2024; Sucy et al., 2025). The role of hardiness in shaping parenting beliefs can be understood through its three characteristics: commitment,

control, and challenge. Commitment helps mothers remain engaged in the parenting process even when facing challenging situations. Control encourages mothers to see that there are still actions that can be taken to manage the problems they face, while challenge helps mothers view change and difficulties as conditions that can be learned and dealt with adaptively (Rachmahana, 2022; Zakiyah & Masfufah, 2025).

In addition to internal resources, research findings indicate that social support is also a positive predictor of parenting self-efficacy. This indicates that a mother's confidence in parenting is not only related to her own internal abilities, but also to the extent to which she feels she has others who can provide support when facing difficulties (Perez et al., 2025). For parents of children with special needs, support can take the form of practical assistance in caring for the child, emotional attention, information about the child's needs, or the presence of someone with whom to share parenting experiences. Research on parents of children with special needs shows that perceived social support is associated with increased parental efficacy and can be a vital resource when families face stress (Utami & Astutik, 2026). Thus, the better the support a mother feels, the more likely she is to feel she has adequate resources to carry out her parenting responsibilities (Yazicioğlu et al., 2024).

These findings are reinforced by previous research that specifically demonstrated the importance of social support for parents of children with disabilities. Febrianti & Hildayani (2024) found that social support plays a role in parenting self-efficacy in mothers of children with autism, with support from a partner being a significant source. This suggests that partner involvement in parenting can help mothers feel less like they are handling all the demands of parenting alone. Fu et al. (2023) in parents of children with disabilities also shows that social support is related to parenting efficacy and can be a resource that helps parents cope with parenting stress (Trihastuti et al., 2023). These findings indicate that social support needs to be realized not only in the form of attention, but also through real family involvement, sharing of caregiving responsibilities, assistance in obtaining services, and providing information relevant to the child's needs.

The results of the latest research show that the role of hardiness and social support together provide an illustration that parenting self-efficacy can be supported by a combination of internal and external resources (Lu et al., 2021). Mothers need personal skills to persevere, adapt, and face challenges, but at the same time, they also need an environment that can provide support when the demands of parenting become increasingly demanding. Research on parents of children with ASD shows that social support, parental resilience, and parenting self-efficacy are interrelated in the family adjustment process (Higgins et al., 2023). Other studies also show that positive perceptions, adaptive coping, self-efficacy, and social support are important resources in the adaptation of parents raising children with ASD (Zhang et al., 2024). Therefore, the approach to mothers of children with special needs should not only emphasize the ability to be strong on their own, but also help mothers build and utilize available support networks.

In addition, the combined role of hardiness and social support suggests that efforts to strengthen parenting self-efficacy should be directed not only at improving mothers' individual coping capacities but also at creating a supportive caregiving environment. Parenting self-efficacy is influenced by multiple personal and contextual factors, indicating that mothers may benefit more from interventions that integrate psychological strengthening with accessible social resources (Hermita et al., 2025; Lee & Jeon, 2022). Social support from family members, partners, peers, and professionals can provide

emotional reassurance, practical assistance, and relevant information that may help mothers manage parenting demands more effectively (Sæther et al., 2024; Schobinger et al., 2022). This integrated perspective highlights the importance of involving both mothers and their surrounding support systems in programs designed to strengthen confidence and competence in caring for children with special needs.

The implications of this research emphasize the importance of an integrated approach to improving parenting self-efficacy in mothers of children with special needs. Interventions at the individual level can be directed at strengthening parenting skills, stress management, problem-solving, and developing more adaptive responses to the demands of caregiving. At the family level, the involvement of partners and other family members needs to be strengthened through shared responsibilities, emotional support, and practical assistance in childcare. Support at the service level also needs to be developed through access to counseling, psychoeducation, parenting training, and peer support groups involving parents with similar experiences. An approach that combines personal resources, family support, and professional services has the potential to strengthen mothers' confidence in their parenting competence while increasing their preparedness to face the complex demands of caregiving.

Conclusion

This study demonstrates that hardiness and social support are significant predictors of parenting self-efficacy among mothers of children with special needs, both independently and simultaneously. Hardiness functions as an internal psychological resource that enables mothers to remain engaged in parenting, maintain a sense of control, and respond adaptively to caregiving demands. In contrast, social support serves as an external resource that provides emotional, informational, and practical assistance in carrying out parenting responsibilities. These findings indicate that parenting self-efficacy is associated not only with mothers' personal capacities but also with the availability of social resources in their surrounding environment. The findings may provide a basis for developing interventions that integrate the strengthening of hardiness, parenting skills, family involvement, and professional and peer support. Nevertheless, the use of accidental sampling as a non-probability sampling technique may limit the representativeness of the sample with respect to the target population. Therefore, the generalization of the findings to all mothers of children with special needs in the Special Region of Yogyakarta should be approached with caution. Future studies are recommended to employ more representative sampling strategies, where feasible, and to adopt longitudinal or experimental designs to provide a stronger understanding of the direction of relationships among the variables. Future research should also consider other relevant factors, such as coping strategies, child characteristics, the quality of family relationships, maternal psychological conditions, and access to support services.

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